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ABSTRACT

The seminar evaluated in this report focused on staff development and had as its objectives: (1) the provision of information regarding the social, medical, moral and legal implications of drug use; (2) the development of skills and techniques for use by school personnel and students in implementing a drug education program; (3) to bring about attitudinal changes between youth and adults; (4) to maintain continual evaluation through feedback; and (5) to offer continual support to individual schools. Procedures for attaining these objectives are described and include lectures, visits to drug treatment centers, discussions, and interaction groups. The impact of the 5 day workshop was assessed utilizing 5 data collection instruments. Results point up that (1) participants increased their drug knowledge; (2) they increased the number and strength of their drug-relevant opinions; (3) the techniques made a deep impression on participants; and (4) the participants generally rated the seminar "excellent." It is concluded that the seminar did achieve its goals. (TL)

ED053413

DEPARTMENT OF RESEARCH AND EVALUATION

WASHINGTON D.C. DRUG SEMINAR FOR SCHOOL PERSONNEL
AND STUDENTS
August 31 - September 4, 1970

EVALUATION REPORT

The Division of Planning, Innovation and Research
Department of Research and Evaluation
October, 1970

CG 006 560

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Evaluation Report

Washington D.C. Drug Seminar
for School Personnel and Students
August 31 - September 4, 1970

Fiscal Year 1971

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Washington D.C. Drug Seminar for School Personnel
and Students

Evaluation Summary

Title: Washington, D.C. Drug Seminar for School Personnel and Students

Project Location: Sharpe Health School

Date: August 31 - September 4, 1970

Target Population: A representative group of D.C. Public School staff and students

Number Served: 222

Staff: The D.C. Drug Education Team assisted by ten D.C. Teacher Facilitators.

Funding Allotment: $40,000

Background and Rationale:

The D.C. Drug Seminar for School Personnel and Students focused on staff development. In accordance with the National Drug Education Program, staff development for drug education in the District is patterned on the concept of a multiplier effect. The D.C. Drug Education Team which staffed the Drug Seminar had attended a month-long training session earlier in the summer at Adelphi University on Long Island, New York where they were exposed to information and techniques relating to drug education. Drawing upon their own experiences the Drug Team designed the D.C. Drug Seminar. Following the Seminar the participants were to be responsible for developing staff training programs at the building level in every D.C. Public School.

Objectives of the Drug Seminar:

1. To provide information in such a manner that staff and students understand in personal terms the social, medical, moral, and legal implications of drug use.

2. To develop skills and techniques to be sued by school personnel and students in the implementation of a drug education program.

3. To bring about attitudinal changes between youth and adults.

4. To maintain continual evaluation through feedback.

5. To offer continual assistance and support to individual schools.

Procedures for Attaining Seminar Objectives:

The D.C. Drug Education Team conducted a five-day Seminar in the week prior to the opening of school for representatives from all District schools and selected students. The Seminar program was designed to present information about drugs and drug users and to develop in the school personnel a reservoir of skills, techniques, and attitudes useful for reaching the student population. Lectures, visits to drug treatment centers, discussions with community resource persons, and interaction groups were some of the techniques used by the conference organizers. Student participation was an integral part of the Seminar design.

Evaluation Plan:

The purpose of this evaluation is to determine the impact of the five-day workshop on the knowledges and attitudes of a selected group of school personnel and students of the District of Columbia. Data was collected through the following means:

1. A Drug Knowledge Inventory
2. An Opinion Inventory
3. An Evaluators' Observation Checklist
4. Participant-designed Workshop Plans
5. A Program Evaluation Questionnaire

Results:

A. A t-test computed on the difference between the pre and post Drug Knowledge Inventory indicates that participants made a statistically significant gain in drug knowledge during the Seminar.

B. T-tests on the responses to pre and post Opinion Inventories reveal that statistically changes did take place toward the opinion extremes: participants held opinions on more issues and held them more strongly following the Seminar than prior to the Seminar.

C. According to the observations of the Evaluation Team, participants were exposed to information about the social, medical, moral, and legal implications of drug use and were introduced to a variety of techniques applicable to drug education. Participants generally demonstrated a high level of interest in the Seminar proceedings and were highly responsive. The small group activities were

effective. Purposely few materials were available to participants during the conference; however, the Drug Team offered some on-going services to participants. Daily pre-planning and evaluation kept Seminar organizers in touch with Seminar proceedings and enabled them to adjust their program accordingly.

D. An assessment of the Building-level Workshop Plans developed in small group sessions on the last day of the Seminar indicates that the information and techniques presented to the participants during the Seminar did make an impression on them and they did feel comfortable enough to include them in their program designs.

E. The findings of the Program Evaluation show that 88 percent of the participants rated the Seminar generally "excellent." A majority of the participants thought the Seminar objectives had been achieved at least to some extent, that the speakers had been relevant and effective, that the instructional methods used had been effective, and that the conference had been well organized.

Discussion of Results:

The D.C. Drug Seminar did achieve the goals set for it by the Drug Education Team. Participants were exposed to information about the implications of drug use and to techniques applicable to drug education; attitudes between youth and adults did change; daily evaluation did take place; and Drug Team members did offer on-going services to the school personnel and students.

Conclusion and Recommendations:

The Evaluation Team concluded that the "Washington, D.C. Drug Seminar for School Personnel and Students" was successful in meeting the objectives set forth by the D.C. Drug Education Team. In addition, the Seminar aroused the enthusiasm of the participants and stirred their concern for the issues surrounding drug education.

Among the modifications suggested for future Seminars are the following:

1. Supply principals with more in depth information about the Seminar beforehand so participants, both students and adults, will be clear about their role in the Seminar and their subsequent responsibilities.

2. Include more small interaction group activities.

3. Make a greater effort to have Teacher Facilitators briefed by Drug Team members prior to daily Seminar sessions.

4. Clarify for participants the purpose of writing a building-level plan in the small groups at the conclusion of the Seminar, and establish some guidelines for the activity. For example, specify audience of building-level workshop.

Washington D.C. Drug Seminar for School Personnel and Students

Evaluation Report

Title: Washington, D.C., Drug Seminar For School Personnel and Students

Project Location: Sharpe Health School

Date: August 31 - September 4, 1970

Target Population: A representative of each D.C. Public School staff, one student from each senior high school and each each junior high school; and selected elementary school students.

Number Served: 171 school building staff members and representatives from central administration, 41 students, and 10 Teacher Facilitators. Total: 222.

Staff:

The D.C. Drug Education Team which staffed the Seminar consisted of eight persons who had attended a four-week training session at Adelphi University on Long Island, New York, during June and July, 1970:

- four were D.C. school personnel selected through the office of the Safety Coordinator to represent four of the school system's five operating units -- junior high, senior high, Model Schools, and Anacostia. A representative of the fifty unit, elementary schools, attended Adelphi, but later resigned.

- one representative came from D.C. Teachers' College which gave graduate credit for the Seminar;

- three others were volunteers -- one from the National Coordinating Committee on Drug Education, one from the Office of Education, and a high school student from New York who served as Youth Coordinator.

Ten D.C. Teacher Facilitators trained in group dynamics and group leadership through the Office of Staff Development, Division of Instruction, assisted the D.C. Drug Education Team by serving as group leaders during the Seminar.

Funding Allotment: $40,000

Background and Rationale:

Although curriculum units on Drug Education have been included in the District Schools' Health Curriculum since 1942 and have received increasing emphasis since 1967, no comprehensive staff training program had been undertaken prior to this summer. The five-day Drug Seminar for School Personnel and Students was part of a National Drug Education Program funded through the U.S. Office of Education and was designed to focus on staff development.

The National Drug Education Program, developed by state representatives at a national planning meeting in March 1970, is based on the concept of a multiplier effect: expertise developed at the national level will be transmitted through various levels of training in each state to the personnel in individual school buildings. In accordance with this plan, the Safety Coordinator in the D.C. Public Schools, assisted by the Department of Health and Physical Education and the Department of Federal Programs, drew up a proposal for a staff training scheme in the District.

Following U.S.O.E.'s approval of the proposal, the District sent seven persons, one from each of the school system's operating units and one from D.C. Teachers' College, to a four-week training program during June and July at Adelphi University in New York, one of five national training centers. There they received sensativity training, leadership training, exposure to drug information and to training in techniques appropriate for responding to drug use in the schools and for teaching about drug use. Charged with training representatives from the staff of each District public school, these persons planned, organized and implemented the D.C. Drug Education Seminar for School Personnel and Students. This select group of school personnel trained at the Seminar will in turn be responsible for developing training programs at the building level.

Objectives of the Drug Seminar:

1. To provide information in such a manner that staff and students can understand in personal terms the social, medical, moral, and legal implications of drug use.

2. To develop skills and techniques to be used by school personnel and students in the implementation of a drug education program.

3. To bring about attitudinal changes between youth and adults.

4. To maintain continual evaluation through feedback.

5. To offer continual assistance and support to individual schools.

Procedures for Attaining Seminar Objectives:

The D.C. Drug Education Team conducted a five-day Seminar in the week prior to the opening of school. Among the two hundred and twenty-two (222) participants were representative school personnel from all District schools, students from each junior and senior high school and from select elementary schools, and staff members from the central administration. In attendance were principals, assistant principals, teachers, counselors, social workers, psychologists, reading specialists, attendance officers, students, a nurse, and a secretary. (see Appendix A)

The D.C. Drug Seminar program was designed to present information about drugs and drug users and to develop in the school personnel a reservoir of skills, techniques, and attitudes useful for reaching the student population. (see Appendix B) Information was transmitted through lectures and direct experiences. During the Seminar five guest speakers discussed generally the national drug scene, the pharmacological aspects of drugs, the psychological aspects, the legal aspects, and the social aspects, of drug use. Participants had direct experience with the consequences of drug use when they visited agencies in the city concerned with drug treatment and rehabilitation . (see Appendix C) They also had a chance to discuss approaches to drug use with representatives of community agencies. (see Appendix D) On the last day of the workshop, participants developed program guidelines for the workshops to be conducted in their own school buildings.

Skills and techniques were developed through direct participation of building representatives in group processes. The entire conference membership was divided into 17 interaction groups of 10 to 15 persons each. A Drug Team member or a Teacher Facilitator led each group.

Student participation was an integral part of the Seminar design. The Youth Coordinator assisted the D.C. Drug Team in planning for the role of youth and worked with the student representatives during the conference. One afternoon was set aside for the students to present a program of their choice. At all other times the young people were included in the general Seminar program.

The Seminar schedule was designed to be flexible; changes were to be made by the D.C. Drug Team in response to daily feedback and evaluation sessions.

Evaluation Plan:

The purpose of this evaluation is to determine the impact of the five-day workshop on the knowledges and attitudes of a selected group

of school personnel and students of the District of Columbia. The scope of the evaluation is limited to the workshop itself and does not include any assessment of the implementation of building-level workshops by those persons trained in the Seminar.

Data was collected through the following means:

1. a Drug Knowledge Inventory
2. an Opinion Inventory
3. an Evaluators' Observation Checklist
4. Participant-designed Workshop Plans
5. a Program Evaluation Questionnaire

Responses were tallied and analyzed by the Research and Evaluation Department of the Division of Planning, Research and Evaluation, D.C. Public Schools.

Results:

The findings from each instrument will be described in the order listed above.

A. Pre-Post Drug Knowledge Inventory

A Drug Knowledge Inventory, developed in conjunction with the D.C. Government Mayor's Task Force on Drug Abuse in the Public Schools, was administered to the participants at the beginning and at the end of the Seminar. The Inventory consisted of thirty-nine (39) questions grouped into sections covering general knowledge, addictive drugs, and habit-forming drugs. (see Appendix E)

Table 1

A Comparison of Mean Scores
on the Pre-Post Drug Knowledge Inventory

Item	Pre-test	Post-test
Number of Respondents	162	162
Mean Score	18.5	22.3
t-score	10.55	
Level of Confidence	.01	

The pre and post matched scores for 162 participants were compared to determine whether the Seminar had an effect on the drug knowledge of the participants. Table 1 shows that mean score on the pre-test was 18.5 and on the post-test, 22.3, an increase of 3.8 points. A t-test computed on the difference between the pre and post scores obtained a t of 10.55, indicating that the difference between the means was significant at the one percent (.01) level of confidence. The conclusion is that statistically, the gain in drug knowledge made by the Seminar group was not due to chance but to the effect of the Seminar.

B. Pre and Post Opinion Inventory

An Opinion Inventory developed by the U.S. Office of Education was administered to the participants on a pre-post basis. Participants were asked to give their opinions about 66 statements relating to drug use and abuse, drug users, drug effects, prevention and rehabilitation and the sociological consequences of drug use. (see Appendix F) Using a 7-point scale they indicated their degree of agreement or disagreement with the statements. The median number, 4, reflected "no opinion" or "I really could not say." There were no right or wrong answers for this instrument; nor did the evaluators attempt to develop a standard set of responses characterizing an "appropriate" attitude. It was hypothesized, however, that if the mean number of respondents checking category 4, "I really could not say," decreased from the pre-test to the post-test, then a change in the opinions of the group had taken place. The assumption is: if a person was able, following the Seminar, to agree or disagree with a statement about which he previously had no opinion, then during the Seminar he acquired experience and information upon which to base an opinion.

Table 2

A Comparison of the Mean Number of Responses in Columns 1, 4, and 7 on the Pre-Post Opinion Inventory

Response	Total Number of Respondents	Mean Number of Responses		t-score	Level of Confidence
		Pre-test	Post-test		
1- This is a completely accurate statement	163	11.7	22.2	7.5	.01
4- I really could not say	163	30.6	10.3	15.15	.01
7- This statement is patently untrue	163	11.9	15.3	2.83	.01

The pre-post Opinion Inventories of 163 participants were matched for comparison purposes. Table 2 shows that on the pre-test, the mean number of responses to each of the 66 statements for the column "I really could not say," was 30.6. On the post-test the mean responses to "I really could not say" dropped to 10.3. The t-score obtained on the difference between these means was 15.15 which is significant at the one percent (.01) level of confidence. The conclusion is that during the five-day Seminar the participants were confronted with information and experiences that enabled them to make judgements and form opinions about subjects relating to drug use.

Table 2 also shows the mean number of responses in the extreme categories, one -- "This is a completely accurate statement," and seven -- "This statement is patently untrue." It was hypothesized that if the mean number of responses in columns one and seven increased between the pre and post surveys, then opinions were strengthened. This approach to the data will not show whether a persons ideas on a particular theme were reversed during the Seminar, but rather whether they increased in intensity. The mean number of responses in column one was 11.7 on the pre-test and 22.2 on the post-test. A t-score of 7.5 was obtained from a t-test on the difference between the means, indicating that the increase was statistically significant. For response seven, the pre and post means were 11.9 and 15.3, respectively. A t-score of 2.83 was obtained, again indicating a significant change. Statistically, then the conclusion is that changes did take place toward the opinion extremes between the pre and post surveys.

In summary, the above findings show that participants held opinions on more issues and held them more strongly following the Seminar than prior to the Seminar.

C. Evaluators' Observation Checklist

Each of the members of the Evaluation Team completed daily a checklist consisting of 25 open-ended questions based on the stated goals of the Seminar. (see Appendix C) Synthesized responses have been summarized and compiled in Table 3. For clarity the observations are grouped by morning and afternoon of each day. Monday morning and Friday afternoon have been omitted as these times were devoted almost exclusively to the administration of the pre and post knowledge and opinion inventories.

On the next page is the composite of the observations of the Evaluation Team. "Yes" and "No" comments are registered where appropriate; dashes indicate that the criteria was not applicable in a given time period.

While all of the speakers incorporated a variety of aspects of drug use into their talks, Column 1 of Table 3 records the aspect of

Table 3

Evaluators' Observations During The D. C. Drug Seminar As Compiled From An Observation Checklist

	1				2	3			4		5			6	7	8
Days Of The Week	Information Provided				Techniques Employed	Participant Involvement			Small Group Activities		Youth-Adult Interaction			Materials Available	Supportive Services Offered	Daily Pre-Planning & Evaluation
	Social	Medical	Moral	Legal		Attendance	Demonstrated Interest	Emotional Level	Motivation	Rapport	Age Segregation	Exch. Ideas	Rapport			
Mon. Afternoon	Yes	-	-	-	1.Lecture 2.Stimulus Response 3.Monads, Diads Triads 4."What" Wheel	Full	1.Questions to speaker 2.Total participation in groups	Mildly Responsive	Yes	Yes	Voluntary	No	No	1.No Seminar Schedule 2.Films - 4:00	-	Yes - Drug Team
Tues. Morning	-	Yes	-	-	1.Lecture 2.Feedback Board 3.Suggestion box	Almost Full	1.Questions to speaker 2.Suggestions Offered	Highly Responsive	-	-	Voluntary	No	No	1.Films - 8:30 - 4:00	1.National Drug Clearing-House Mailing List 2.Cassette Tapes of Speeches	Yes - Facilitators
Tues. Afternoon	Yes	Yes	Yes	Yes	1.Treatment Center Visitations 2.Group Process	Almost Full	1.Questions at sites 2.Plan Micro-lecture Presentation	Highly Responsive	Yes	Yes	Voluntary	No	No	1.No lists of sites 2.Some materials from sites	Treatment Center Resources	Yes - Drug Team; Some Facilitators
Wed. Morning	Yes	-	-	-	1.Micro-Lecture and role playing on site visits 2.Lecture	Low at Beginning, Full Later	1.Questions to speakers 2.Some presentations include role play	Passive to Mildly Responsive	-	-	Yes: Youth Out Planning Presentation	No	No	1.Booklets on Planning Drug Education Distributed (short supply)	-	Yes - Facilitators

Table 3 (continued)

Days Of The Week	1 Information Provided: Social	Medical	Moral	Legal	2 Techniques Employed	3 Participant Involvement: Attendance	Demonstrated Interest	Emotional Level	4 Small Group Activities: Motivation	Rapport	5 Youth-Adult Interaction: Age Segregation	Exch. Ideas	Rapport	6 Materials Available	7 Supportive Services Offered	8 Daily Pre-Planning & Evaluation
Wed. Afternoon	Yes	-	Yes	-	1.Lecture 2.Student presentation; skit; music; film critique 3.Films	Full; ½ By End Of Program	1.Adults talked during student presentation 2.Students contemplate a walk-out	1.Highly Responsive to speaker 2.One-half walked out on students	-	-	Yes: Youth Presented Own Program	Yes: Talked at each other	No	1.Films - 8:30; noon; 4:00	-	Yes - Drug Team; Facilitators Sched. Changed
Thurs. Morning	Yes	Yes	Yes	Yes	1.Lecture 2.Rap with community groups. 3.Student-Adult Rap Sessions: -role play -fantasy -fishbowl -alter ego 4.Lorton "Inner Voices"	Full	1.Students decide to remain 2.Participate vigorously in Rap Sessions 3.All want to see Lorton Group	Highly Responsive	Yes	Yes	No	Yes	Yes	1.Films 8:30; noon; 4:00	Community Resources	Yes - Facilitators Met Groups at 9:00 a.m.
Thurs. Afternoon	Yes	Yes	Yes	Yes		Full		Highly Responsive	Yes	Yes	No	Yes	Yes	-	Community Resources	1.Facilitators Met Groups 1:30 p.m. 2.Yes-Drug Team; Facilitators
Fri. Morning	-	-	-	-	1.Lecture 2.Prepare small group workshop plan	Full	1.Pharmacologist returns on request 2.All contribute to group plans	Mildly Responsive	Yes	Yes	No	Yes	Yes, but student-teacher role maintained	1.Films-8:00 2.Packet of reference materials distributed	1.Release Planning Time 2.Scheduled workshop time 3.Drug Ed. Coord. at Malcolm Scates	Yes-Drug Team and Facilitators

drug use emphasized most during the time period indicated. It is evident that participants were exposed to social, medical, moral, and legal information about drugs and drug use. The social implications were brought out most frequently, followed by the medical and moral, then legal implications in that order. Because the social implications of drug use are so all-encompassing, it is not suprising that this aspect was presented most frequently. As the legal implications of drug use are fairly technical, it is not unusual that this aspect was covered only by the speaker and those organizations specializing in law. The moral aspects were mentioned as frequently as the medical aspects, but moral implication were covered more indirectly and in less depth. The evaluators have defined "moral" to mean not the morality of using or not using drugs, but the morality of the response to a drug user. No speaker or agency attempted to moralize about the wisdom of using drugs; instead the approach was "How do we prevent drug use" and "What do we do once we confront drug use." Many speakers and agencies did not focus directly on this issue but touched on it peripherally.

That a variety of techniques were employed during the Seminar is evident from column 2 in Table 3. The lecture technique was only one of many used to convey information. Early in the week participants visited drug addiction treatment centers and later in the week talked to representatives from community agencies. In addition, throughout the week numerous group processes were used in interaction groups to stimulate the exchange of ideas.

Column 3 of Table 3 characterizes participant involvement in the Seminar on three dimensions: attendance, demonstrated interest and emotional level. Attendance was complete on three days. Participants were not punctual on two days, and many left early during the presentation of the students' program. Throughout the Seminar participants demonstrated obvious interest in what was being presented at the Seminar. Question periods were always lively. Some speakers, urged by participants, remained during the lunch hour to respond to additional questions. One speaker even returned on another day to complete his presentation as the first one had been peppered with many questions. In the small group sessions everyone appeared to contribute to the exchange of ideas. The level of emotional response was generally very high. As expected the response was initially mild as participants began to get acquainted with each other and to clarify their expectations of the workshop. The lowest level of emotional involvement was evident Wednesday morning when participants sat passively listening to the micro-lecture presentations about the site visits. Emotions reached a peak on Wednesday afternoon during and following the students' presentation. The students contemplated a walk-out to protest the inattentive adult behavior during the student presentation. However, students decided the next day to remain in the conference and discuss their ideas with the adults.

Column 4 of Table 3 characterizes the small group activities. During these interaction sessions the participants appeared motivated and were able to establish rapport among themselves and with the group leader. It can be noted that on Wednesday there were no interaction groups. This was also the day of the greatest fluctuation of emotional response.

One very important aspect of the Seminar was difficult to quantify: youth-adult interaction. It has been examined on the three dimensions appearing in column 5 of Table 3: age segregation, exchange of ideas, and rapport. The conference schedule called for the youth to operate separately from the adults only in the planning and presentation of their afternoon program. At all other times they were included in the general conference activities. During the first half of the Seminar, however, the students appeared to initiate segregation from the adults; there was little dialogue between the youth and adults. During the student's presentation overtures were made from both sides in an effort to get the other side to accept its point of view. Not until the student-adult "rap" sessions were efforts being made to understand what the other side was saying. Rapport then began to develop. Nevertheless, in the groups observed on the final day of the Seminar, it appeared difficult for students and adults to interact as equals; the student-teacher role was maintained.

It may be startling to note in column 6 of Table 3 that few materials were available to Seminar participants. This was, in fact, in accord with the plans of the D.C. Drug Team. No Seminar schedule was issued on the grounds that participants' enthusiasm could not be dulled by their thinking "I already know that." Packets of printed materials were not distributed until the last session; one booklet entitled "Resource Book for Drug Abuse Education" was distributed without comment in the middle of the week. The effect was that participants had to rely on themselves and their own involvement in order to take something concrete away from the Smeinar. Films are listed under "materials available" because of the way they were used. They were not used as a major method of conveying information about drugs, but were shown daily prior to the morning session, at lunch time, and following the afternoon session; viewing them was optional.

Column 7 of Table 3 lists the supportive services offered through the D.C. Drug Team to the participants in their role as planners of building-level workshops. These suggestions were verbal and whether they were picked up by the participants is not known. The packets of materials distributed the last day did reinforce some of these suggestions.

Daily evaluation and pre-planning sessions were held by the Drug Team members as is indicated in column 8. Initially few facilitators attended, but as the week progressed they came to these sessions and contributed greatly to the general assessment of the Seminar proceedings. It should be noted that the Seminar organizers revised their Seminar schedule in response to the rift that developed between the adults and students following the student presentation. The change was designed to bring the adults and students together to discuss their differences of opinion.

In summary, information about the social, medical, moral, and legal implications of drug use was provided and was presented through a variety of techniques. Participants generally demonstrated a high level of interest in the Seminar proceedings and were highly responsive. The small group activities were effective. Purposely few materials were available to participants at the conference. The Drug Team offered some important on-going services to participants. Daily pre-planning and evaluation kept Seminar organizers in touch with Seminar proceedings and enabled them to adjust their program accordingly.

D. Group Workshop Plans

On the last day of the Seminar each small group met to formulate cooperatively plans for a building level Drug Education Workshop. These plans were used as evaluation tools. The hypothesis was: If participants incorporated information and techniques presented to them during the five-day workshop into their own workshop plans, then the Seminar had some impact on them and they felt comfortable enough with the education techniques to use them.

The plans were reviewed for inclusion of nine components derived from the first three Drug Seminar objectives and from the components included in the Seminar program. The following criteria determined whether components -- six presentation techniques and three information areas -- were "included":

Presentation Techniques

1. discussion processes - if one or more were mentioned

2. speakers -- if indicated or identified by name

3. site visits -- if specified

4. community resources -- if indicated that participants would be made aware of available services through representation at the program or from referral lists

5. audio-visual aids -- if specified

6. youth involvement -- if student participantion in the planning or process of the workshop is indicated either in the title or outline. (Not counted if indicated as audience.)

Information Areas

1. legal aspects -- if specified

2. social-psychological aspects -- if specified

3. medical-pharmacological aspects -- if specified

Table 4

Components Included In Small Group Plans For
Building-Level Workshops

Small Group Number	Presentation Techniques						Total	Information Areas			Total
	Discussion Techniques	Speaker	Site Visits	Community Resources	Audio-Visual Aids	Youth-Adult Interaction		Legal	Social-Psychological	Medical	
1	X						1		X	X	2
2	X	X		X	X	X	5	X	X		2
3	X	X			X	X	4			X	1
4	X	X	X		X		4				0
5	X	X	X		X	X	5				0
6	X	X	X	X	X	X	6	X	X	X	3
7	X	X	X	X	X	X	6	X	X	X	3
8	X	X	X		X		4	X		X	2
9	X	X		X	X		4				0
10	X	X	X		X	X	5				0
11	X			X	X	X	4	X	X	X	3
12	X	X	X		X	X	5			X	1
13	X	X	X	X	X	X	6		X		1
14	X	X	X	X	X		5		X		1
15		X	X		X	X	4				0
16	X	X	X	X		X	5	X	X	X	3
17	X	X		X	X	X	5				0
TOTAL	16	15	11	9	15	12		7	8	8	
PERCENT	94%	88%	65%	53%	88%	71%		41%	47%	47%	

According to Table 4, two of the 17 groups included all nine components in their workshop plans. One other included the six presentation techniques without specifying information areas. Four groups, including the two listing all nine components, specified all three subject areas would be covered in their programs. Of the six presentation techniques discussion processes were included with the most frequency: 16 of the 17 groups mentioned they would include group discussion techniques in their building-level plans. Community resources were included least often; yet more than half the groups mentioned them. Perhaps participants were unfamiliar with the range of community resources as each group talked with representatives of only three agencies and no reports or lists were made available to them up to the time of the planning session. Of all the components, legal aspects were included least frequently; only seven of the 17 groups mentioned specifically they would cover that aspect of drug information. All the groups except one included at least four of the six presentation techniques; the exception specified only one. Six of the 17 groups failed to specify subject areas to be covered in their workshop; the remainder of the groups mentioned one or more of the information aspects.

The findings in Table 4 show that presentation techniques used in the Drug Seminar were specifically mentioned in the building-level workshop plans with greater frequency than were the various areas of drug information. Quite possibly information to be included was implied in the plans by the mention of specific speakers, community resources, etc. Nevertheless, each presentation techniques was mentioned by more than two-thirds of the small groups in all but one case. Just less than half the groups mentioned specific information areas they would include. That they focused more on presentation techniques than on information areas suggests that participants interpreted their role as one of a facilitator of educational methods rather than as an expert in drug information. Because this is in fact the responsibility the building representatives were charged with, it can be concluded that the writing of building level workshop plans on the final day of the Seminar was a useful exercise in getting participants thinking about their Seminar experience in programmatic terms. The findings support the contention that the information and techniques presented to the participants during the Seminar did make an impression on them and they did feel comfortable enough to include them in their own building-level plans.

E. Program Evaluation

At the conclusion of the Seminar Participants completed a Program Evaluation Questionnaire developed by the D.C. Drug Education Team. (see Appendix H) They were asked to indicate their reaction to the program objectives, the program subject instruction, the speakers, and to the Seminar as a whole. Responses in each area were tallied for 192 participants.

Participants were asked to rate program objectives from a given list according to their importance they themselves placed on the objectives.

Table 5

Seminar Objectives Rated According to Their Importance to Each Participant

Objectives	Total Number of Respondents	Of Great Importance	Of Some Importance	Of Little Importance	Of No Importance	No Response
		%	%	%	%	%
Learn New Ideas	192	81	16	2	2	---
Become Acquainted with the Subject	192	74	21	3	2	---
Learn to Apply the Subject	192	59	33	5	2	1
Help Me Perform My Work More Effectively	192	59	31	7	3	---
Exchange Information and Ideas	192	59	34	5	2	---
Continue My Educational Development	192	56	30	7	5	2
Broaden My Contacts	192	52	26	14	6	2
Other	192	11	10	7	2	69

Table 5 shows that a majority of the participants rated all the objectives listed as being of great importance. The highest percentage, 81 percent, rated "Learning New Ideas" as being of great importance. At least 86 percent of the participants viewed all but one of the objectives as being of either of great or of some importance. The exception, "Broaden My Contacts," was rated by 20 percent of the participants as being of little or no importance to them as a Seminar goal. Only 11 percent thought some objective other than those listed was of great importance; 69 percent made no response in the "other" column.

Participants were then asked to indicate the extent to which they believed the same objectives had been achieved at the Seminar.

Table 6

The Extent to Which Participants Thought Their Objectives Were Achieved

Objectives	Total Number of Respondents	Very Much So	To Some Extent	Not At All	No Re-sponse
		%	%	%	%
Learn New Ideas	192	76	18	2	4
Become Acquainted With the Subject	192	60	33	4	3
Learn to Apply the Subject	192	29	57	10	4
Help Me Perform My Work More Effectively	192	36	50	10	4
Exchange Information and Ideas	192	58	35	4	3
Continue My Educational Development	192	48	41	7	4
Broaden My Contacts	192	48	40	7	5
Other	192	9	13	4	74

According to the data in Table 6 a majority of the participants thought the objective was very much achieved in three cases. These objectives -- to learn new ideas, to become acquainted with the subject, and to exchange information and ideas -- were cited by 76 percent, 60 percent, and 58 percent of the participants, respectively. However, at least 85 percent of the participants believed all the objectives were either achieved or achieved to some extent. The objective "Learn to Apply the Subject" received the lowest achievement rating; only 29 percent thought this goal was very much achieved. However, another 57 percent thought this objective had been achieved to some extent.

A comparison of the extent to which the participants thought the objectives were important and the extent to which they thought they were achieved is shown in Table 7.

Table 7

Participants' Rating of Seminar Expectations According to Their Importance Compared with Seminar Outcomes According to Their Achievement

Objective	Number of Respondents	Expectations: Of Great, Some Importance	Outcomes: Achieved Very Much, To Some Extent
		%	%
Learn New Ideas	192	97	94
Become Acquainted With the Subject	192	95	93
Learn to Apply the Subject	192	92	86
Help Me Perform My Work More Effectively	192	90	86
Exchange Information and Ideas	192	93	93
Continue My Educational Development	192	86	89
Broaden My Contacts	192	78	88
Other	192	21	22

Using data from Tables 5 and 6, Table 7 shows the tota esponses designating the objectives as being of great importance or some importance and the total responses indicating the objectives were achieved very much or to some extent. The extent to which the Seminar objectives were achieved exceeded participants expectations in three cases, equalled expectations in one case, and fell short of expectations in four cases. The goal that most exceeded expectations according to the participants was "Broaden My Contacts;" 10 percent more participants indicated that that goal was achieved than had designated it important. At the most only 6 percent of the participants thought an objective they considered important was not achieved; in this category was the objective "Learn to Apply the Subject." Nevertheless, 86 percent thought this objective was either achieved or achieved to some extent.

The Program Evaluation Questionnaire asked participants to judge the degree of effectiveness of the various instructional methods used at the Drug Seminar.

Table 8

Participants' Opinions About the Effectiveness
of Instructional Methods Used
in the Drug Seminar

Instructional Methods	Total Number of Respondents	Very Effective	Moderately Effective	Not Effective	No Response
		%	%	%	%
Lectures	192	73	25	2	---
Film and/or Slides	192	33	51	13	3
Community Resource People	192	88	11	1	1
Interaction Groups	192	62	36	2	1
Site Visits	192	79	18	2	1

According to Table 8, community resource people, site visitations, and lectures, respectively, were judged to be the most effective instructional methods used in the Seminar. The least effective method, according to the participants, was film presentation. As has been noted, film viewing was an optional activity available each day of the Seminar, but films were not used in the regular program to convey information. Although a majority of participants thought the interaction groups were very effective, more than one-fourth of the participants judged them only moderately effective.

It is interesting to note that while 88 percent of the participants considered community resource persons very effective in conveying information, only nine small groups specifically mentioned using community personnel in their building-level programs in capacities other than lecturers. (see Table 4) On the other hand all small groups indicated that they intended to use group process techniques similar to those presented to them in the interaction groups, which, according to Table 8, received a lower effectiveness rating.

Participants indicated their degree of satisfaction with various other aspects of the program and their responses are shown in Table 9.

Table 9

The Extent of Participants' Satisfaction
With Other Aspects of the
Seminar Program

Other Aspects	Total Number of Respondents	Very Satisfied	Moderately Satisfied	Not Satisfied	No Response
		%	%	%	%
Leadership of the Session	192	78	19	1	1
Subject Matter of the Session	192	80	14	1	5
Extent of Your Participation	192	66	32	3	---
Was Pertinent to My Needs and Interests	192	73	19	3	5

The data in Table 9 show that participants were very satisfied with the program subject matter, program leadership, and the relevancy of the conference to their needs and interests, respectively. While two-thirds of those attending the Seminar were very satisfied with their own participation, another one-third was only moderately satisfied with the aspect.

Table 10 shows responses to an open-ended question seeking suggestions for topics that should be added to and dropped from the Seminar schedule.

Table 10

Suggestions For Topics To Be Added To
or Dropped From the Seminar Program

Suggestions	Number of Respondents	Percent of Response
Topics to be Added		
A. No Comment	162	84
B. Comments	30	16
Total	192	100
1. Clarification of School Policy and School Personnel Responsibility	25	13
2. Teaching Aids, Techniques and Materials	18	9
3. Extent of Drug Use By Various Segments of the Community	11	6
4. Home and Community Role in Drug Use	10	5
5. Other Abuses	6	3
6. Medical Aspects	5	3
7. Other Comment mentioned by fewer than five people	23	12
Topics to be Dropped		
A. No Comment	176	92
B. Comments Mentioned by Fewer than Five People	16	8
Total	192	100

Table 10 shows that an overwhelming percent of the participants offered no suggestions for topics to be added to or dropped from Seminar program. Of the suggestions for additional topics, the largest percent called for clarification of school policies regarding drug use and users included in the program, as well as clarification of the responsibilities of various school personnel in relation to drug use and users.

Table 11 shows participants' judgement of the value and the effectiveness of the speakers' presentations to them as school personnel and students.

Table 11

Participants' Opinions About the Value and Effectiveness of the Speakers' Presentations

Speakers	Total Number of Respondents	Very Effective	Moderately Effective	Not Effective	No Response
		%	%	%	%
Psychologist (1)	192	34	32	14	20
Pharmacologist	192	81	12	2	6
Psychologist (2)	192	53	26	3	18
Ex-Addict	192	74	7	1	18
Judge	192	59	20	7	14

Table 11 shows that the presentation of the pharmacologist, who outlined the various types of drugs and their effects upon drug users and addicts, was considered very effective and valuable by the highest percentage of the participants. Next in order according to the percentage of participants judging them "very effective" were the presentations of the ex-addict and ex-convict who received a standing ovation for his discussion of the social-psychological aspects of drug use, the judge who discussed the legal aspects of drug abuse, the psychologist who discussed the psychological aspects of drug use, and the psychologist who gave an overview of the drug scene in the United States.

Table 12 lists the additional comments made about the value and effectiveness of the speakers' presentations.

Table 12

Participants' Comments About Speakers' Presentations

Comments	Number of Respondents	Percent of Responses
Well Suited, Good Sources of Information	28	15
All Were Very Effective	16	8
Not Enough Time Allowed for Questioning	8	4
More Ex-Addicts Should Have Been Brought in to Speak	7	4
Some Did Not Deal With Topic In Depth	6	3
Other Comments Mentioned By Fewer Than Five People	22	11
No Response	105	55
Total	192	100

According to Table 12, half the participants made no comments about the speakers' presentations. Half of those who did comment stated the presentations were either good sources of information or very effective. The other half of the participants who made comments mentioned specifically their desire for longer question periods, more ex-addict speakers, and greater depth in the presentation of subject matter.

The last three questions on the Program Evaluation Questionnaire asked participants to comment on the Seminar as a whole, offer suggestions about the Seminar, and give the Seminar an overall rating on a ten-point scale.

Table 13

Participants' Comments About the Seminar As A Whole

Comments	Number of Respondents	Percent of Responses
The Seminar Provided A Wealth of Information	70	36
It Was Well Planned	43	22
It Was Most Effective	27	14
The Students Aided In My Awareness of Youth-Adult Relationships	7	4
Other Comments Mentioned By Fewer Than Five People	17	9
No Response	28	15
Total	192	100

According to the data in Table 13, all of the comments about the Seminar as a whole made by five or more participants were favorable. A total of 58 percent stated either that the Seminar was informative or that it was well planned. Four percent mentioned specifically their appreciation of the youth involvement in the conference and its contribution to their awareness of youth-adult relationships. Only 15 percent made no response on this topic.

Table 14 shows suggestions made by participants for future seminars.

Table 14

Participants' Suggestions for Future Seminars

Suggestions	Number of Respondents	Percent of Responses
It should be longer in order to deal in depth with all phases.	57	30
More Seminars should be held to involve more teachers and staff.	35	18
More students should have been involved to a greater extent.	16	8
Include parents, PTA groups, etc.	13	7
There should be a follow-up Seminar for this group at a later date.	12	6
There should be more small group sessions.	9	5
There is a need for better organization so less time will be lost between activities.	7	4
More effort should be made to begin sessions on time and eliminate tardiness.	5	3
Other comments mentioned by fewer than five people.	23	12
No response.	15	8
Total	192	101

As is evident from Table 14, almost all the participants, 92 percent, made suggestions for future Seminars. Seventy-four percent made suggestions calling for an expansion and extension of the Seminar program as it was presented. They wanted more time to deal in depth with all phases of drug abuse, a follow-up session, the involvement of more staff as well as parents in such Seminars, the inclusion of more students, and more small group sessions. Another 7 percent of the suggestions indicated some participants were annoyed with loss of time both at the beginning of each day and between activities. Suggestions mentioned by fewer than five people were made by 12 percent of the participants.

Finally participants were asked to indicate their overall reaction to the Seminar by rating the Seminar on a 10-point scale, with "ten" signifying "excellent."

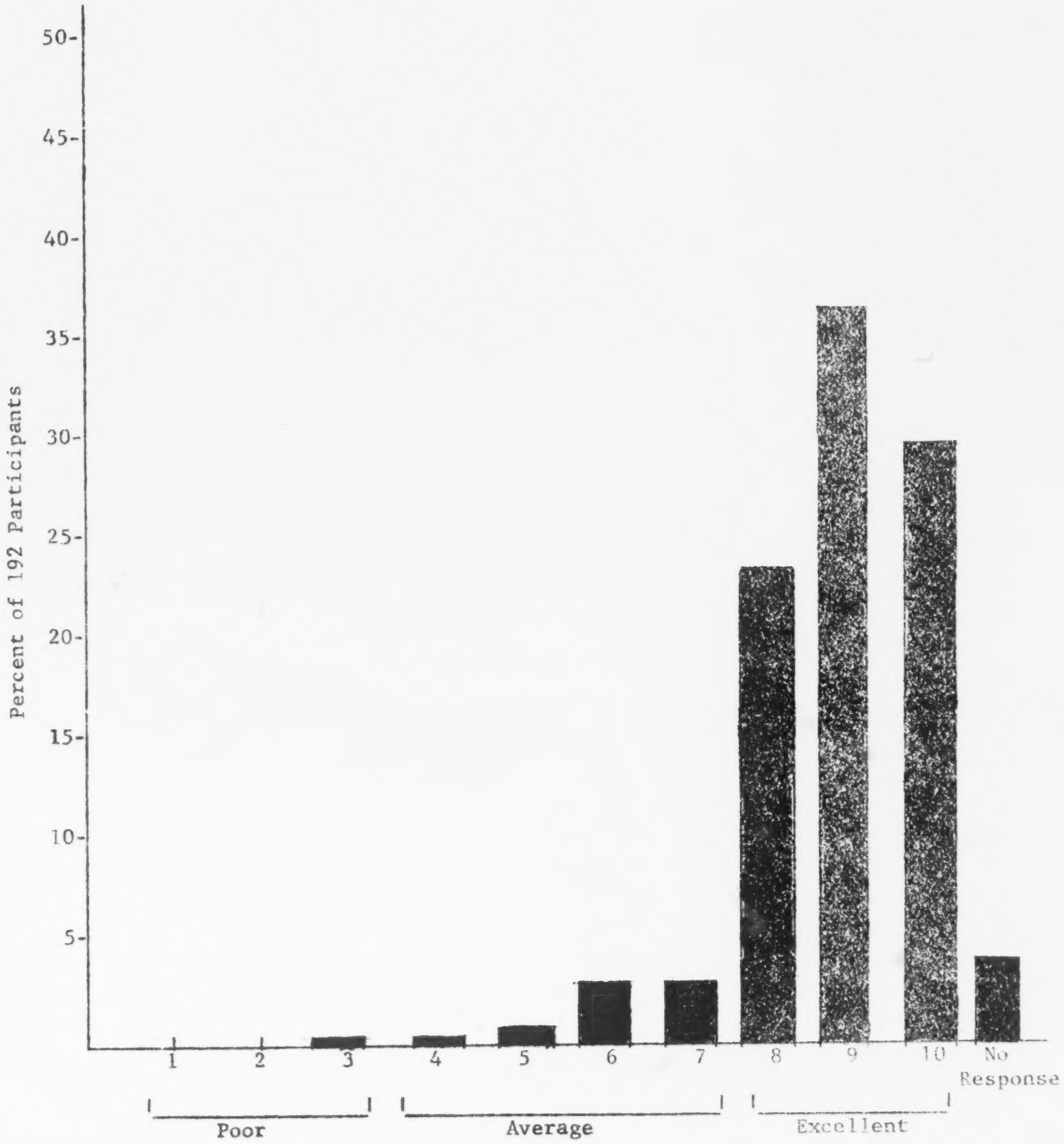

Figure 1.

Participants' Rating of the Seminar
As a Whole

Thirty percent of the participants gave the Seminar an unqualified "excellent" rating as is shown in Figure 1. Another 58 percent of the responses fell into categories "nine" and "eight." Thus, 88 percent of the participants rated the Seminar generally excellent. Only 8 percent gave the Seminar a rating of less than "eight," while 4 percent failed to respond to this question.

Discussion of Results:

Objective 1: To provide information in such a manner that the staff and students can understand in personal terms social, medical, moral and legal implications of drug use.

The D.C. Drug Seminar did indeed provide participants with social, medical, moral and legal aspects of drug use. (see Table 3) The findings of several instruments support the conclusion that this information was understood "in personal terms" by the participants. The results of the pre-post Drug Knowledge Inventory show that in fact the participants did make a statistically significant gain in their drug knowledge during the Seminar. We can also conclude that participants internalized the information presented at the Seminar. According to the pre-post Opinion Inventory results, participants were confident enough following the Seminar about their information on specific drug related issues to form opinions and make judgements about them. Thus the results of the evaluation indicate that the first objective was very definitely achieved.

It should be noted in this context, however, that 30 percent of the participants indicated in their suggestions for future seminars that the seminar should be longer in order to allow participants the opportunity to go more deeply into the subject matter of all phases of drug use. (see Table 14) Thirteen percent of the participants suggested specifically that a clarification of school policy with relation to drug use and clarification of the responsibilities of school personnel should be included among the Seminar topics. (see Table 10) On the whole, though, 73 percent of the participants thought the Seminar was pertinent to their needs and interests. (see Table 9)

Objective 2: To develop skills and techniques to be used by school personnel and students in the implementation of a drug education program.

To assess the extent to which the school personnel and students have developed the techniques presented is beyond the scope of this evaluation; it would involve an evaluation of the programs that are actually implemented at the building level. However, data from several instruments support the contention that participants become familiar with a variety of techniques, found them effective, and intend to employ them in their building-level programs.

During the Drug Seminar the participants were exposed to a variety of techniques which they could use in implementing a drug education program in their schools. (see Table 3) Of all the information methods used, films were judged to be least effective. (see Table 8) As a method of conveying information about drug abuse, they were deliberately subordinated to other methods by conference organizers; film showings were scheduled outside the regular conference hours and attendance was optional. This procedure allowed participants to experience the effectiveness of other communication techniques. Almost all participants agreed that it was either "very effective" or "moderately effective" to hold discussions with community resource people, visit addiction treatment centers, and hear presentations by recognized authorities in the field of drug abuse. (see Table 8)

In their plans for building-level programs, participants demonstrated intentions to employ a variety of the techniques to which they had been exposed at their own schools. Most groups expressed the intention to use community resource persons, site visits and interact on groups as well as the traditional audio-visual aids to convey information about drugs. In fact, in constructing their plans a majority of the groups focused more on methods than on content. (see Table 4)

Interaction groups were not judged as effective as other methods in providing information. (see Table 8) This is probably because interaction groups were primarily forums for exchanging ideas with other participants rather than sources of information. Interaction groups were, however, included in every group plan for building-level programs.

It should be noted in this context that only 29 percent of the participants thought they had learned to apply the knowledge and skills they were exposed to during the Seminar. (see Table 6) Only 36 percent thought the Seminar would help them perform their work more effectively. One-half of the participants thought these goals had been achieved only "to some extent." We can conclude therefore that the time scheduled for participants to use and practice the techniques they were exposed to was insufficient.

This is supported by comments made about the Seminar as a whole. Five percent of the participants thought there should be more small group activities. (see Table 14) The Evaluation Team noted that the organizers seemed pressured for time and the interaction groups did not always get the time originally scheduled for them. One day small group activities had to be cancelled entirely. (see Table 3) The small interaction groups of 10 to 15 persons met separately only twice. The times when group process techniques were really demonstrated, three or four interaction groups met together. As a result some persons became essentially observers rather than participants in these activities. Also the Teacher Facilitators became either assistants to a Drug Team member or just another participant in the larger group sessions rather

than group leaders; their expertise was lost to the Seminar organizers.

Objective 2 was met insofar as participants were indeed exposed to a variety of techniques useful in drug education. Time within which to become fully familiar with these techniques was limited. The workshop plans indicate participants do, however, intend to employ the demonstrated techniques at the building level. But the extent to which the skills were actually developed will have to be answered through a follow-up evaluation.

Objective 3: To bring about attitudinal changes between youth and adults.

It appeared that during the course of the Drug Seminar many of the youth and adults changed their attitudes toward each other. While there was no planned separation of youth and adults throughout the conference, except with regards to the youth program, it was only on the last two days that the groups began to interact. Only then did youth and adults began to exchange ideas in meaningful ways that established rapport. (see Table 3)

Responses to two open-ended questions in the Program Evaluation show some adults were aware of the importance of the role of youth in such a conference. Four percent of the comments on the total seminar stated essentially "The students aided in my awareness of youth-adult relationships." (see Table 13) Eight percent of the suggestions for future seminars noted that students should be involved to a greater extent than they were. (see Table 14) This might have been a reference to the fact that there was little opportunity for student-adult interaction on the first two days of the conference. Then, most of the stimuli was coming from outside the conference. Only later was the attention of the participants focused on each other. During the adult-youth "rap" sessions, which took place the day after the student program, each group expressed its concerns freely and frankly, each group began to look at itself, each acknowledged to some extent that the other had some valid points.

A significant indication of student attitude is that following their discontent with adult behavior during the student program, the students decided not to stage a walk-out, but to remain in the conference, participate in the "rap" sessions, and express their points of view to the adults. (see Table 3)

Objective 4: To maintain continual evaluation through feedback.

The D.C. Drug Team met this goal in their daily evaluation meetings -- feedback and pre-planning sessions. Organizers and Teacher Facilitators fed in their observations and reactions, and program plans were

revised accordingly. Following the climactic split between youth and adults as a result of the youth program, the organizers adjusted their program to include methods designed to bring the adults and youth together: the student-adult "rap" sessions were the result.

The feedback boards and the suggestion box drawn to the attention of the participants early in the week were hardly used. Few persons dropped suggestions in the boc, and few took the feedback boards seriously. Therefore, they were of little value to the organizers.

Objective 5: To offer continual assistance and support to individual schools.

Throughout the seminar the D.C. Drug Team did make verbal offers of assistance and support to the Seminar participants. (see Table 3) Some were reinforced at the conclusion of the program. The responsibilities of the full-time coordinator of the Drug Education Program were clarified; participants received lists of the addiction treatment centers and of community resource persons in their information packets. Some offers, however, were mentioned only once and possibly missed by the participants. For example, many participants may not have known at the end of the seminar that they would be able to get cassette tapes of all the main speakers to use in their schools. They may have been unaware that their names were to be added to the mailing list of the National Drug Education Clearinghouse.

Summary

Almost all the participants (88 percent) rated the Seminar "excellent." Supporting this judgement were the findings of a variety of instruments used by the Evaluation Team; the findings show that indeed the Seminar achieved the objectives set for it by the D.C. Drug Education Team. The pre-post Drug Knowledge Inventory showed a significant gain in the participants' drug knowledge. The pre-post Opinion Inventory showed that at the conclusion of the week-long Seminar participants had enough confidence in their drug knowledge to make judgements and form opinions about drug use. Data collected in the Evaluators' Observation Checklist showed among other things that a variety of methods were used to transmit information and skills to participants, and by the end of the conference youth and adults were engaging in dialogue missing from the first two days of the Seminar. An assessment of the building-level workshop plans developed collectively in small group sessions indicated that the participants generally intended to present information similar to that presented to them and to employ methods and techniques used in the Seminar to do so. In the Program Evaluation Questionnaire, 88 percent of the participants unequivocally rated the Seminar "excellent".

The Seminar did provide information about the social, moral, medical and legal implications of drugs and the information was understood "in personal terms" by the participants. Skills and techniques

useful in drug education were presented to the participants. Changes in attitudes did take place between youth and adults. Daily evaluation and feedback made it possible for Seminar organizers to adjust their program accordingly. Offers of continual assistance in setting up their building-level programs were made to the participants.

Conclusions and Recommendations

Data collected and analyzed indicated that the Washington, D.C., Drug Seminar for School Personnel and Students was successful in meeting the objectives set forth for it by the D.C. Drug Education Team.

If another such Seminar is held, the Evaluation Team would highly recommend the approach used in this initial Seminar with the following modifications based on the findings of the evaluation.

1. Supply principals with more in depth information about the Seminar beforehand so participants, both students and adults, will be clear about their role in the Seminar and their subsequent responsibilities.

2. Include more small interaction group activities.

3. Begin assigned interaction group activity on the first day of the Seminar with Teacher Facilitators as group leaders.

4. Make a greater effort to have Teacher Facilitators briefed by Drug Team members prior to daily Seminar sessions.

5. Include small group processing of speakers' presentations.

6. Initiate attendance checking (as developed in small groups on the last two days of the Seminar) on the first day.

7. Structure workshop schedule so that students planning activities do not conflict with the program.

8. Ensure that materials distributed are available in sufficient quantity for all participants.

9. Follow-up verbal commitments of support for participants in writing and include information in material packets.

10. Clarify for participants the purpose of writing a building-level plan in the small groups at the conclusion of the Seminar, and establish some guidelines for the activity.

11. Schedule feedback conferences with all participants periodically throughout the year.

APPENDIX A

I. School Personnel Participants

1. Adams, Bennie
   Eliot Junior High School
   Teacher

2. Alexander, Elizabeth R. (Mrs.)
   Bruce Evans Junior High School
   Teacher

3. Alston, Billie J. (Mrs.)
   Team 2 - Pupil Personnel
   Social Worker for School

4. Anderson, Anne
   Langley Junior High School
   Teacher

5. Anthony, Greta H.
   Hendley Ele. School
   Teacher

6. Ateca, Elizabeth C. Gray (Mrs.)
   Sousa Junior High School
   Counselor - 8th Grade

7. Austin, Daniel
   Simon Elementary School
   Teacher

8. Bannister, Earle R.
   Goding Elementary School
   Teacher

9. Barber, William H.
   PPS Center II
   Attendance Officer

10. Barnes, J. L.
    Gordon Elementary School
    Teacher

11. Barry, Paula W. (Mrs.)
    La Salle Ele. School
    Teacher

12. Barwick, Joyce M.
    Team III - Kennedy Center
    School Social Worker

13. Besely, Eleanor
    Roper Junior High School
    Teacher

14. Bianchi, Loretta D.
    Garfield Ele. School
    Teacher

15. Biles, Alice H.
    Langdon Ele. School
    Teacher

16. Black, Stanley Boyd
    Hine Junior High School
    Teacher

17. Bledsoe, Ray
    Burrville Ele. School
    Teacher

18. Bracely, Marie B.
    Drew Ele. School
    Teacher

19. Bradford, Grace
    Woodson Junior High School
    Teacher

20. Brailsford, Nancy
    Safety Coordinator's Office
    Secretary

21. Branch, Carlene V.
    Wheatley Ele. School
    Teacher

22. Brawner, Donald E.
    Plummer Ele. School
    Teacher

23. Bray, Gladys W.
    Western High School
    Teacher

24. Broadus, Sterling C.
    Alice Deal Jr. High School
    Teacher

25. Brooks, Marjorie L.
Educational Media Center
Resource Teacher

26. Brown, Faye M.
John F. Cook Ele. School
Teacher

27. Brown, Laura H.
Turner Ele. School
Teacher

28. Brown, Walter L.
Eastern High School
Teacher

29. Burrell, Nauvata E.
Anacostia Senior High
Teacher

30. Burroughs, Brenda L. (Mrs.)
Lucretia Mott Ele. School
Teacher

31. Butler, Evelyn M.
Cardozo Senior High
Teacher

32. Cannon, Edward H.
Woodrow Wilson Senior High
Teacher

33. Caul, Eddie (Mrs.)
Eckington Ele. School
Teacher

34. Chapman, David W.
Johnson Junior High School
Teacher

35. Clark, Mildred Nero
Kenilworth Ele. School
Assistant Principal

36. Clarke, Ophelia B.
Elementary Science
Resources Teacher

37. Clifford, Cooper
Rudolph Ele. School
Teacher

38. Cole, Katherine W.
Paul Jr. High School & FCC
Teacher - Counselor

39. Cope, Helen W. (Mrs.)
Reading Center - Malcolm Scates
Reading Specialist

40. Corley, Angie K.
Spingarn Senior High
Counselor

41. Coverdale, Clarence E.
Jefferson Jr. High School
Assistant Principal

42. Crawford, Alma C.
Bunker-Hill Ele. School
Teacher

43. Curtis, Nannie B. (Mrs.)
Pupil Personnel Services Ctr.
School Psychologist

44. Debrawl, Edith P.
Harrison Ele. School
Counselor

45. Devoe, Earnest R.
Garnet Patterson Jr. High School
Assistant Principal

46. Douglas, Doris F.
Nalle Ele. School
Teacher

47. Douglass, Kaye E. G.
Walker-Jones Ele. School
Counselor

48. Downing, Elmer H. Jr.
River Terrace Ele. School
Teacher

49. Edwards, Linwood Jr.
McGogney Ele. School
Teacher

50. Edwards, Patricia L.
Mann-Stoddert Ele. Schools
Counsleor

51. Ehrman, Evelyn A.
Team I
School Psychologist

52. Ensminger, Mary Ann (Mrs.)
Eliot '69-70 Browne '70-71
Teacher

53. Fields, Maryanna
Janney Ele. School
Teacher

54. Fikes, Maryann M.
Buchanan Ele. School
Teacher

55. Fleming, Elizabeth N.
Goding Ele. School
Counselor

56. Fowler, Romay L.
Franklin, Adult Ed. Demon. Ctr.
Teacher

57. Fox, Mahalie P.
Phaebe Hearst Ele. School
Teacher

58. Freeman, Harriette S.
Scott Montgomery Ele. School
Assistant Principal

59. Gafney, Willie C.
Birney Elementary School
Teacher

60. Gilmore, Clifton Jr.
Roosevelt Senior High
Teacher

61. Goodstein, David L.
Roosevelt Senior High
Teacher

62. Gordon, Henry L.
J. F. Bundy Ele. School
Guidance Counselor

63. Graham, Chestie Marie
Edmonds-Peabody Ele. Schools
School Counselor

64. Graves, Arthur
Douglass Junior High School
Teacher

65. Guinyard, Fayetta L.
McKinley Senior High
Teacher

66. Hairston, Roosevelt
Charles Young Ele. School
Teacher

67. Halsey, Ethel Bradford (Mrs.)
Clark Elementary School
Counselor

68. Hamilton, Dannie M.
Thomson Elementary School
Teacher

69. Hammond, Shirley W.
Brookland Ele. School
Assistant Principal

70. Harper, Thomas
Backus Junior High School
Assistant Principal

71. Harrison, Earl L. Jr.
Bell Vocational High
Teacher

72. Hawkins, Avis T.
Burroughs Ele. School
Counselor

73. Head, Leilia M.
Reading Center
Assistant Director

74. Higgs, Katharyn S.
Chamberlain Vocational High
Teacher

75. Holley, Leon W.
Monroe Ele. School
Teacher

76. Holloway, Coletta H.
Wilson Ele. School
Teacher

77. Holton, Reginald C.
Terrell Junior High School
Teacher

78. Horton, Ethel S.
Hyde-Fillmore-Jackson Ele.
Teacher

79. Howell, James M.
Taft Junior High School
Teacher

80. Hudson, Dean R.
Community Group Health Found.
Health Education Aide

81. Hughes, Blondine C.
Truesdell Ele. School
Teacher

82. Hunter, Arthur L.
Goding Elementary School
Teacher

83. Jackson, Marian T.
Orr-Randle Highlands Ele.
Guidance Counselor

84. Jackson, Peggy L. (Mrs.)
Stuart Junior High School
Teacher

85. Jackson, Richard E.
H. D. Cooke Ele. School
Counselor

86. Jackson, Sadie I. (Mrs.)
Cleveland Ele. School
Counselor

87. Jefferson, Erma B. (Mrs.)
Madison Ele. School
Teacher

88. Johnson, Margaret D. (Miss)
Roosevelt Senior High
Business Teacher

89. Johnson, Mary F. (Mrs.)
Cardozo Senior High
Assistant Principal

90. Johnson, Ulysses
Shepherd Ele. School
Teacher

91. Jones, Ingrid W.
Presidential Building
Clerk-typist

92. Kitchen, Alice O. (Mrs.)
Team IV - Kalorama Rd.
Attendance Officer

93. Knight, Mary McB.
Shadd Ele. School
Teacher

94. Korbach, Marilyn (Mrs.)
Lovejoy Ele. School
Counselor

95. Langley, Creola
Kingsman Ele. School
Counselor

96. Lawson, Hilda
Roper Junior High School
Teacher

97. Lee, Bobby
Calvin Coolidge Senior High
Teacher

98. Lee, Don
Rabaut Junior High
Teacher

99. Littlejohn, Charles
Spingarn S.T.A.Y Senior High
Social Worker

100. Maloney, Mary
Anne Beers Ele. School
Principal

101. Manor, Lee
L. L. Perry Ele. School
Teacher

102. Marable, Lilliam
Shadd Ele. School
Teacher

103. Margolis, Beatrice
Presidential Building
Assistant Director

104. Marrow, James
Anthony Bowen Ele. School
Teacher

105. Marshall, Grayson
La Salle Ele. School
Teacher

106. Martin, Daniel
Chamberlain Vocational High
Teacher

107. Middleton, Hallie
W. B. Patterson Ele. School
Counselor

108. Millard, Patricia
Dept. of Personnel
Secretary

109. Minor, Louis
Team II - P.P.S.
Attendance Officer

110. Moore, Talmadge
Phelps Vocational High
Teacher

111. Mozon, Ollis Sr.
Maury Elementary School
Counselor

112. Myers, Patricia
Bruce Ele. School
Teacher

113. McCrimmon, Amelia
Banneker Junior High School
Teacher

114. McCullough, Ida
Dunbar Senior High
Teacher

115. McKinnon, Edward
Francis Junior High School
Teacher

116. McLeod, Robert Jr.
Watkins Elementary School
Teacher

117. McNeil, Alice
Ruth Webb Ele. School
Teacher

118. McWilliams, Ethel
Stanton Elementary School
Teacher

119. Novak, Jacobeth
Presidential Building
Director-School-Attendance

120. Parks, Martha
Neval Thomas Ele. School
Counselor

121. Pate, Joyce Peggy
M.M. Washington Vocational High
Teacher

122. Payne, Doris
Pupil Personnel Services
Psychologist

123. Peterson, Clara
Kramer Junior High School
Counselor

124. Powell, Constance
Ballou Senior High
Teacher

125. Pressley, Mary
Payne Elementary School
Teacher

126. Pruitt, Castle
Macfarland Junior High School
Teacher

127. Nelson, Jacqueline
Petworth Elementary School
Teacher

128. Nelson, Kenneth
Sharpe Health School
Teacher

129. Newman, Thomas Jr.
Backus Junior High School
Teacher

130. Norwood, Levan
Sousa Junior High School
Teacher

131. O'Neal, James
Paul Junior High School
Teacher

132. Queen, James
Hamilton Junior High School
Assistant Principal

133. Rattley, Evelyn
Smothers Ele. School
Teacher

134. Ray, Alice
Richardson Ele. School
Teacher

135. Reed, Frances
Malcolm Scates
Reading Specialist

136. Reeves, Naomi
Blair Adult Education Ctr.
Teacher

137. Rhodes, Doris
Kennedy Center
Psychologist

138. Riddick, Cornelious
Oyster-Military Road
Counselor

139. Roberston, Gwendolyn
Langley Junior High School
Teacher

140. Russell, Irene
Lafayette Ele. School
Teacher

141. Sacks, Dorothy F.
PPS - Center IV
Chief Attendance Officer

142. Sanders, Leonard
Boy's Jr.-Senior High School
Teacher

143. Santora, Edward
Van Ness Ele. School
Teacher

144. Scales, Patricia
Bryan Elementary School
Teacher

145. Sewell, Julia
Buchanan Ele. School
Teacher

146. Sheppard, Marie
PSS - Center
Attendance Officer

147. Sheppard, Mary
John Tyler Ele. School
Counselor

148. Simms, Leona
G.W. Carver Ele. School
Teacher

149. Smith, Alvin
Truesdell Ele. School
Supervising Instructor

150. Smith, Barbara
Roosevelt Senior High
Teacher

151. Smith, Dolleretta
Blair-Ludlow-Taylor Ele. Schools
Counselor

152. Smith, Edith
W.B. Powell Ele. School
Teacher

153. Smith, Maye
Pupil Personnel-Bell Voc. High
Social Worker

154. Sneed, Margie
Myrtilla Miner Ele. School
Teacher

155. Striar, Marguerite

Subsitute Teacher

156. Sudworth, Carole
John Eaton Ele. School
Teacher

157. Taylor, Carolyn
Langley Junior High
Teacher

158. Taylor, Sara
Woodridge Ele. School
Teacher

159. Teasley, Inez
Hardy-Key Ele. Schools
Counselor

160. Thomas, Jon
Benning Ele. School
Teacher

161. Tillery, James
Crummell Ele. School
Teacher

162. Toadvine, Juanita
West Elementary School
Teacher

163. Turner, Martha
Harris Elementary School
Counselor

164. Turner, Melville
Emery Elementary School
Instructor

165. Walker, Thomas
Armstrong Adult Ed. Center
Teacher

166. Washington, Lucille
Houston Elementary School
Counselor

167. Washington, Phyllis
Randall Junior High School
Assistant Principal

168. Watkins, Laura
Capitol Page
Teacher

169. Waynes, Dorothy
Presidential Building
Secretary

170. Wertheimer, Ann
Kramer Junior High School
Teacher

171. Whitted, Kenneth
Blow Elementary School
Teacher

172. Wilburn, Leon
Spingarn Senior High
Military Science Instr.

173. Williams, Gloria
Raymond Elementary School
Counselor

174. Williams, James
Congress Hights Ele. School
Teacher

175. Wilson, E. C. (Mrs.)
Macfarland Junior High School
School Nurse

176. Winston, Rosalind (Mrs.)
Meyer Elementary School
Counselor

177. Wood, Jacqueline
Slowe Elementary School
Teacher

178. Woolfolk, Moncerie
Katie C. Lewis Ele. School
Teacher

179. Wright, Edith D. (Mrs.)
Gibbs Elementary School
Teacher

180. Yount, Isabelle
Military Road Ele. School
Teacher

181. Miles, J. Arthur
Malcolm Scates
Assistant Director of Health

APPENDIX A

II. Student Participants

1. Acosta, Jose
   Cardozo Senior High
2. Barton, Anthony
   Jefferson Junior High
3. Benton, Jennifer
   Douglass Junior High
4. Bieber, Edward J.
   Woodrow Wilson Senior High
5. Black, Paula
   Simmons Ele. School
6. Bower, Darlene
   Sousa Junior High
7. Brinkley, Leander
   Eliot Junior High
8. Brooks, Cedric
   Anacostia Senior High
9. Brown, Prentice
   Kelley Miller Junior High
10. Buie, Tony H.
    Hamilton Junior High
11. Carr, Donald
    Paul Junior High
12. Carter, Linda
    Western Senior High
13. DeVeaux, James Darryl
    Banneker Junior High
14. Diggs, Lenora
    Spingarn Senior High
15. Elston, Geraid
    Roosevelt Senior High
16. Hall, John
    Shaw Junior High
17. Handy, Belverly
    Anacostia Senior High
18. Herold, Christian
    Gordon Junior High
19. Holloway, Wanda
    Spingarn Senior High
20. Holt, Twana
    Roosevelt Senior High
21. Hughes, Donald
    Hine Junior High
22. Jackson, Pauline
    Dunbar Senior High
23. Jones, Tony
    Stuart Junior High
24. Keese, Lynda
    Western Senior High
25. Lewis, Roscoe
    Kramer Junior High
26. Moment, Darryl
    Francis Junior High
27. Owens, Gordon
    Woodridge Ele. School
28. Owens, Romell
    Phelps Vocational High
29. Penn, Terry
    Macfarland Junior High
30. Powell, Diane
    Loyola University; Chicago
31. Quattlebaum, Harvey
    Garnet Patterson Jr. High
32. Sandros, Gene
    Chamberlain Vocational High

33. Smith, Floyd
Rabaut Junior High

34. Taliferro, Anita
Randall Junior High

35. Vollin, Angela
Anacostia Senior High

36. Washington, Michelle
Bertie Backus Jr. High

37. Watkins, Mark
W.B. Evans Junior High

38. Webb, Patricia
Terrell Junior High

39. West, Terri
River Terrace Ele. School

40. Williams, James III
Coolidge Senior High

41. Wilson, Edward
Taft Junior High

APPENDIX B

Daily Objectives for the
Drug Seminar for School Personnel and Students

Specific Objectives-First Day

1. To present overview of Program
   a. Welcome
   b. Introduction of Staff
   c. Overview of Program
   d. Procedural design

2. To have pre-testing for evaluation pre-attitudinal survey.

3. To begin humanizing techniques-using a variety of exercises and strategies.

4. To list workshop expectations through total group involvement and team action.

Specific Objectives-Second Day

1. To present the scope of drug problems, national and locally using professional persons with expertise.

2. To present detailed information concerning the pharmaceutical aspects of drugs through the use of consultants.

3. To expose participants to drug users and abusers by visiting therapeutic, rehabilitative and legal sites.

4. To process the experiences of the site visits by involving the participants in group dynamics.

Specific Objectives-Third Day

1. To have experiences in group dynamics.

2. To present detailed information concerning the psychological and sociological aspects of drugs.

3. To gain insight from youths ideas, ideals and experiences.

Specific Objectives-Fourth Day

1. To present the legal aspects of drugs.

2. To utilize community resources
   a. For information
   b. Attitudes
   c. Reflection of community groups.

3. To develop a specific plan of action for his particular schools, i.e. workshop, community involvement, etc.

Specific Objectives-Fifth Day

1. To review techniques and strategies.
2. To have post-evaluation and feedback.

APPENDIX C

Treatment Centers Visited

Blackmens Development Centers
6406 Georgia Avenue, N.W.
1331 T Street, N.W.
1407 H Street, N.E.

Bonabond, Inc.
412 Fifth Street, N.W.
Mr. Hiawatha Burris, Director

D.C. General Hospital
19th and Massachusetts Avenue, S.E.
Narcotic Treatment Ward
Mental Health Building
Dr. William Dobbs, Director - 626-5305
Mrs. Freeman

D.C. Jail
200 19th Street, S.E. - 544-5822
Mr. Charles Rogers, Director

Drug Addiction Treatment and Rehabilitation Center
1825 13th Street, N.W. 629-5438
Mrs. Anna Thomas, Director

Narcotics Treat Administration
Mr. Raymond Brady- 347-9256

N&RC Center
456 C Street, N.W. - 629-3883
Mr. Manson Brown, Director

N&RC Center Satellite
919 12th Street, N.W. 737-4370
Mr. Lanzell Ruffin, Director

Youth Services
2101 N Street, N.W. - 293-5704
Mr. Paul Woodard, Director

Community Addiction Treatment Center
1400 Q Street, N.W. - 629-2666

Project Reach (Pride)
1536 U Street, N.W. - 453-1800

Residential Treatment Agency
519 C Street, N.E. - 546-7702
Mr. Marion Strickland, Director

St. Elizabeth's Hospital
Dix Pavilion Drug Program
Jo. 2-4000 Ext. Dix 12
Dr. Esther Ordonez, Director
Miss Garrett

Washington Free Clinic
Georgetown Lutheran Church
1532 Wisconsin Avenue, N.W. - Fe. 8-9070

Womens Detention Center
1010 North Capitol Street
Mrs. Patricia Taylor, Director

APPENDIX D

Community Resource Personnel

	Agencies	Representatives
1.	Change, Incorporated	Evelyn Blanton (Mrs.) Jane Fernandez
2.	Lorton Team	Judge Fauntroy
3.	National Coordinating Council on Drug Abuse	Annette Abrams Gayle Kroughoff
4.	Metropolitan Police Department	Det. Milam
5.	Black Panthers	Brother Brad
6.	Roving Leaders (Social Services)	Milton Douglass (Mr.)
7.	National Treatment Administration	Harold Young Mr. Brady
8.	Bureau of Narcotics and Dangerous Drugs	
9.	Bonabond Incorporated	
10.	Blackman's Development Center	Col. Hassan
11.	W. T. I. Program	Barbara Simmons (Mrs.) Norris Gosis Guy Tinner

APPENDIX E

A DRUG KNOWLEDGE INVENTORY

Developed by

Gelolo Mahugh and Jay C. Williams

I. DO YOU KNOW THE DIFFERENCE BETWEEN ADDICTIVE AND HABIT-FORMING DRUGS?

1. An addictive drug is one which causes:

   1) emotional and physical craving and a need to increase dosage.
   2) emotional and physical craving, but no need to increase dosage.
   3) emotional craving, but no physical craving or need to increase dosage.
   4) regular use, but no craving or need to increase dosage.

2. A habit-forming drug is one which causes:

   1) emotional and physical craving and a need to increase dosage.
   2) emotional and physical craving, but no need to increase dosage.
   3) emotional craving, but no physical craving or need to increase dosage.
   4) regular use, but no craving or need to increase dosage.

II. WHAT DO YOU KNOW ABOUT DRUG ADDICTION IN THE UNITED STATES TODAY?

3. Where in the United States is heroin addiction most often found?

   1) College campus
   2) Middle-class suburb
   3) Rural area
   4) City slum area

4. Which of the following, in the United States today, is the most common drug addiction?

   1) cocaine
   2) heroin
   3) morphine
   4) phenobarbital

5. Of those listed below which is the least frequent cause of drug addiction among teenagers?

1) Curiosity
2) Peddlers or "pushers"
3) Pressure from peers
4) Thrill-seeking

III. WHAT DO YOU KNOW ABOUT ADDICTIVE DRUGS?

A. What do you know about barbiturates?

6. Which terms refer to barbiturates?

1) Amytal, Nembutal, Seconal
2) Benzedrine, Dexedrine, Methedrine
3) Librium, Miltown, Thorazine
4) Codeine, Heroin, Morphine

7. From which source is heroin derived?

1) Thorazine
2) Morphine
3) Librium
4) Synthesized

8. Which one is the most likely description of a person who has taken more than a prescribed amount of a barbiturate?

1) Giggling, daydreaming
2) Even-tempered, withdrawn
3) Drowsy, slurred speech
4) Restless, perspiring

B. What do you know about opiates?

9. Opium is derived from:

1) a cactus
2) a hemp plant
3) a mushroom
4) seeds of poppy plant

10. Which of the following terms refers to a drug made from opium?

1) Cocaine
2) Methedrine
3) Morphine
4) Hashish

11. Which one is the most likely description of a person who has taken more than a prescribed amount of an opiate?

1) Excited and hyperactive
2) Hostile and aggressive
3) Nervous and fearful
4) Quiet and inactive

12. What happens when an opiate addict discontinues the use of opiates?

1) Withdrawal causes no more physical distress than discontinuing use of tobacco.
2) Withdrawal causes much physical distress but little danger of death.
3) Withdrawal causes much physical distress and considerable danger of death.
4) Withdrawal causes much emotional distress but little physical distress?

13. What happens when an unborn baby's mother is an opiate addict?

1) The baby is an opiate addict at birth.
2) The baby is likely to be physically deformed.
3) The baby is likely to be mentally retarded.
4) The baby will be unaffected.

14. Which is the best explanation for the close relationship between opiate use and crime?

1) An addiction to opiates is very expensive.
2) Opiates inspire criminal acts.
3) An opiate user is not fully aware of what he is doing.
4) Opiates decrease fears and inhibitions.

C. What do you know about tranquilizers?

15. Which are the physically harmful effects most likely to result from mususe of tranquilizers?

1) Damage to brain, kidneys, and liver

2) Reduced sex drive and damage to reproductive capacity.
3) Irregular heartbeat and high blood pressure.
4) Weight gain and blood cell damage.

IV. WHAT DO YOU KNOW ABOUT HABIT-FORMING DRUGS?

A. What do you know about Amphetamines?

16. Which of the following terms refer to amphetamines?

1) Amytal, Nembutal, Seconal
2) Benzedrine, Dexedrine, Methedrine
3) Librium, Miltown, Thorazine
4) Codeine, Heroin, Morphine

17. By taking an amphetamine one may be able to:

1) think more clearly.
2) do better on tests.
3) stay awake.
4) remain calm under pressure.

18. Which is the most likely description of a person who has taken more than a prescribed fose of an amphetamine?

1) Giggling, daydreaming, enlarged pupils
2) Inactive, quiet, small pupils
3) Poor balance, slurred speech, short temper
4) Restless, perspiring, enlarged pupils

19. The greatest danger from over use of an amphetamine is in its effect on:

1) body temperature.
2) breathing rate.
3) heartbeat.
4) oxygen in the blood.

B. What do you know about hallucinogens?

(Hallucinogens also are known as psychedelic, mind-expanding or mind-altering drugs)

20. Which terms refer to hallucinogens?

1) Cocaine, Novacaine
2) Dilaudid, paregoric

3) Luminal, Tuinal
4) Mescaline, psylocybin

21. Which of the following is intensified by taking hallucinogens?

1) Concentration
2) Imagination
3) Judgment
4) Motivation

22. How does LSD affect vision and hearing?

1) It has no effect on vision or on hearing.
2) It affects the ways sights and sound are experienced.
3) It makes vision and hearing less sensitive.
4) It makes ears and eyes hear and see better.

23. Which are the physical side effects most likely to accompany LSD use?

1) Vomiting, stomach cramps
2) Headache, fever, sweating
3) Increased blood pressure and pulse rate
4) Nausea, chills, enlarged pupils

C. What do you know about marihuana?

24. Authoritative literature about the possibility of physical damage from marihuana indicates that:

1) its use does damage to nerves and lungs.
2) its use does no physical damage.
3) it has not been proved to be physically harmful.
4) it is physically harmful only if often used.

25. What kind of person is likely to become an habitual user of marihuana?

1) One who has little self-control
2) Those who are easily influenced by others
3) People who are unhappy because of conditions in their lives
4) No one kind of person

26. Which are the most probable immediate effects of marihuana use?

1) Daydreaming, altered sense of time
2) Restlessness, quick temper

3) Inactivity, small pupils
4) Slurred speech, poor balance

27. The frequent user of marihuana is likely to be:

1) calm and alert.
2) depressed and fearful.
3) excitable and irritable.
4) tired and indifferent.

28. Which statement best described the relationship of marihuana use to mental illness?

1) Its use can cause mental illness.
2) Its use is not related to mental illness.
3) Its use may increase one's chances of becoming mentally ill.
4) Its use may disclose or aggravate mental illness.

29. Which of the following best accounts for the belief that use of marihuana causes use of more dangerous drugs?

1) Frequent use of marihuana causes a need for addictive drugs.
2) A marihuana user is likely to contact and be influenced by users of other drugs.
3) Frequent use of marihuana causes a craving for other "mind-altering" drugs.
4) Marihuana use weakens personality and causes willingness to use stronger drugs.

30. How can one know that a person has been smoking marihuana?

1) Blood test
2) Dilated pupils
3) Odor on breath
4) Urinalysis

V. DO YOU KNOW THE BEST ANSWER TO EACH OF THE FOLLOWING QUESTIONS?

31. The person who occasionally uses more than the prescribed amount of addictive drugs:

1) will not become addicted.
2) may become addicted.
3) will become addicted in time.
4) may already be moderately addicted.

32. Which one of the following is the best description of the kind of person who is likely to become a drug addict?

1) No one kind of person
2) A person who is unable to achieve a satisfactory social adjustment
3) A person who is unable to foresee the end results of his behavior
4) A person of weak character and of little self-control

33. Black market drugs are unsafe because:

1) they often are of unknown strength and of questionable purity.
2) they usually are stronger than prescribed drugs.
3) they are more likely to cause addiction than prescribed drugs.
4) they often are spoiled drugs that have been discarded.

34. Misuse of which one of the following kinds of drugs most often causes death?

1) Amphetamines
2) Barbiturates
3) Hallucinogens
4) Opiates

35. An addicted person is in the greatest danger of dying when he discontinues use of which one of the following:

1) Alcohol
2) Heroin
3) Phenobarbital
4) Morphine

36. When taken more often than prescribed or in larger doses than directed, some cough medicines may cause addiction because they contain:

1) heroin.
2) codeine.
3) morphine.
4) phenobarbital.

37. Which of the following are the most probable effects of cocaine?

1) Daydreaming, enlarged pupils, habit-formation
2) Inactivity, small pupils, addiction
3) Slurred speech, poor balance, addiction
4) Excessive talking, excitement, habit-formation.

38. Which of the following are probable harmful effects of sniffing substances such as glue, cleaning fluids, gasoline, etc.?

1) Damage to brain, kidneys and liver
2) Damage to chromosomes and nervous system
3) Irregular heartbeat and high blood pressure
4) Weight gain and blood cell damage

39. Which is likely to be the most productive first step in overcoming a drug addiction or a drug habit?

1) Stop all use at once
2) Begin gradual withdrawal
3) Seek professional help
4) Ask friends and family to help

APPENDIX F

Opinion Inventory

Give your opinion about each of the items below by marking in the space provided the number, 1-7, which most accurately expresses your opinion.

1. This is a completely accurate statement
2. I strongly agree with this statement
3. I tend to agree with this statement but with reservations
4. I really could not say
5. I tend to disagree with this statement but with reservations
6. I strongly disagree with this statement
7. This statement is patently untrue.

____ 1. Young people who abuse drugs are inadequate or immature individuals who need a crutch to cope with reality.

____ 2. The only successful education and prevention programs are those which involve ex-addicts or ex-users.

____ 3. Virtually every category of substance that has some effect on mood, feeling, or perception is being misused at this time.

____ 4. It has been shown that LSD stimulates or enhances creativity.

____ 5. The nature and extent of drug abuse among high school and elementary school children has been exaggerated.

____ 6. Marijuana leads to sexual orgies.

____ 7. No drug prevention program in school or community will be successful unless young people are involved at every state of planning and execution.

____ 8. Like the heroin addict, the "speed freak" will do anything to obtain his supplies.

____ 9. There is total agreement among competent scientists and physicians that marijuana is not a narotic drug either pharmacologically or medically.

____10. A drug is any substance that affects the structure and function of the living organism and all drugs act according to the same basic principles.

____11. An important motive for drug use is a need to belong to a clique which happens to be engaged in drug use.

____12. For total amount of damage done to our society, alcohol is more dangerous than any other drug.

____13. Children should not be continually exposed to the idea that the stresses of daily life require chemical relief.

____14. Marijuana leads to violent crimes.

____15. Small groups honestly and freely discussing problems of adolescents would do more toward solving the drug problem in schools than reaching every young person with the most comprehensive and honest information about the potential dangers of non-medical drug use.

____16. Each use of a drug involves a decision that the good which will come about through its use will overbalance the detrimental effects that may occur.

____17. Today drug abuse is a problem of equal magnitude in upper, middle, and lower socioeconomic class children.

____18. People who abuse drugs are trying to cope with overwhelming stress in their environment.

____19. Society should judge adults who misuse liquor or drugs by the same standards that it judges young people.

____20. Marijuana is harmless.

____21. The principal reason for the ineffectiveness of most drug education efforts is that they make no distinctions among various patterns of use--experimental, occasional, regular, compulsive.

____22. An important motive for drug use is the obvious approval of drug use by legitimate adult sources.

____23. Every pharmacologically active drug is dangerous at some dose in some individuals under some circumstances.

____24. Marijuana use, although spreading throughout the country, is still primarily seen in Mexican-American communities.

____25. Society's attitude to the use of a specific drug is the most important factor in determining the nature of abuse of that drug.

____26. An important motive for drug use is a desire to experience God.

____27. Education about drugs is meaningless unless society evolves strategies to deal with the physical, psychological, and social conditions that predispose to drug dependence.

____28. Excessive drug use in a mother will affect any children she bears while on drugs.

____29. Drug abuse in young people is largely the fault of Communist elements.

____30. It is now known that drug users have lower than average I.Q.'s.

____31. The number of people in the U.S. of all ages who have smoked marijuana is 20 million or more.

____32. An important reason for drug use is easy access to drugs.

____33. Public health experience shows that no social disease of man has ever been managed by attacking the disease directly. Massive frontal attacks on drug abuse will only intensify the problem.

____34. Marijuana should be legalized.

____35. In the final analysis, one must use drugs in order to really know their effects.

____36. Investigations into chromosomal changes, birth defects, and brain cell alterations following LSD use are not conclusive.

____37. An important motive for drug use is dissatisfaction or disillusionment with the prevailing social system.

____38. The estimates of extent of heroin use throughout the general population are based entirely on speculation.

____39. One of the main factors contributing to the drug problem has been its political exploitation.

____40. Heroin addiction should be considered as a disease rather than a crime.

____41. Young people can be effectively involved in persuading other young people not to use drugs, but only if they have been carefully selected and trained in the dangers of drug abuse.

____42. When your child is found to be using drugs, an excellent source of help is your clergyman.

___43. Drug abuse among young people is largely the fault of criminals who make a profit from them

___44. One important motive for drug use is the tendency of persons with psychological problems to seek easy solutions with chemicals.

___45. School programs in the area of drug education cannot be successful without continuous community involvement.

___46. In some countries, narcotic addicts can and do lead relatively normal lives.

___47. It is almost always possible to obtain medical help on drug abuse without incurring legal penalties.

___48. Within the past few years narcotic addition has spread from the ghetto to middle class youth.

___49. Children often abuse drugs as a means of attacking their parents.

___50. Since feeling and subjective experience are influenced by and enhanced by drugs, we must attack the problem through emotional means, if we are serious about drugs and youth.

___51. The increasing degree of alienation is a basic cause of drug abuse.

___52. There is no generation gap in the abuse of stimulants and sedatives.

___53. Even with extensive use, marijuana develops little or no tolerance.

___54. The single most important factor in drug use by young people is permissiveness of parents and teachers.

___55. When your child is found to be using drugs, an excellent source of help is the police.

___56. Very few chronic users of marijuana go on to heroin use.

___57. Drugs that are non-addicting are harmless because a person can stop at any time he wants to.

___58. An important reason for drug use is the development of an affluent society that can afford drugs.

____59. Most true drug abusers are multiple drug users.

____60. The greatest danger of marijuana use is arrest for a felony.

____61. Almost all heroin addicts have a basic character defect which leads to addiction.

____62. The use and abuse of drugs is a private matter.

____63. People who work for socially beneficial goals seldom use drugs.

____64. There can be no single successful method of prevention or treatment of drug abuse for all individuals.

____65. At moderate amounts, the effects of any drug are determined more by personal and social factors than by the drug itself.

____66. It will soon be possible to use an assessment of personality traits to predict which kind of drug an individual will abuse.

APPENDIX G

OBSERVATION CHECKLIST

1. What information is provided vis-a-vis social implications of drug use?

2. What information is provided vis-a-vis the medical implications of drug use?

3. What information is provided vis-a-vis the moral implications of drug use?

4. What information is provided vis-a-vis the legal implications of drug use?

5. How have the staff and students been introduced to the social implications of drug use?

6. How have the staff and students been introduced to the medical implications of drug use?

7. How have the staff and students been introduced to the moral implications of drug use?

8. How have the staff and students been introduced to the legal implications of drug use?

9. To what extent have the participants involved themselves in the program?

   a. Estimate degree of group participation.
   b. Note session attendance.
   c. Note emotional level of group.

/___/ Passive /___/ Mildly Responsive /___/ Very Responsive

10. What skills and techniques are being introduced to school personnel and students?

11. How are they being introduced to the skills and techniques?

12. What evidence is there evidence that the participants have acquired these skills and techniques?

13. What evidence is there of age segregation in program activities?

14. What evidence is there of meaningful exchange of ideas between youth and adults?

15. Did the group leaders motivate their groups?

16. What evidence is there of rapport between the group leader and his group?

17. Did the group leader attend the Adelphi training program?

18. What kinds of materials were made available to participants?

19. How were these materials used?

20. Did any situations develop which were outside the control of the conference organizers?

21. What evidence is there of daily pre-planning?

22. What supportive services and resources were offered?

23. What future Drug Team assistance was offered?

24. To what extent were these offers and suggestions utilized in the participants workshop plans?

25. Other comments.

APPENDIX H

PROGRAM EVALUATION

The program evaluation form is an important means of communication between the participant and staff. Comments made through this form have resulted in enlargement or upgrading programs of this type. Please help us by completing this form thoughtfully. Thank you.

A. PARTICIPANTS MEETING OBJECTIVES

1. Please rate the following program objectives, as listed below, according to their importance to you. Use the following rating: 1 = of great importance; 2 = of some importance; 3 = of little importance; 4 = of no importance.

Objective	Importance Rating
Learn new ideas	_____
Become acquainted with the subject	_____
Learn to apply the subject	_____
Help me perform my work more effectively	_____
Exchange information and ideas	_____
Continue my educational development	_____
Broaden my contacts	_____
Other	_____

2. Indicate the extent of which your objectives were achieved by using the following rating: A = very much so; B = to some extent; C = not at all.

Objective	Extent Achieved
Learn new ideas	_____
Become acquainted with the subject	_____
Learn to apply the subject	_____
Help me perform my work more effectively	_____
Exchange information and ideas	_____
Continue my educational development	_____
Broaden my contacts	_____
Other	_____

B. PROGRAM SUBJECT INSTRUCTION

1. Please indicate the degree of effectiveness of the instructional methods used at this meeting by placing an "x" in the appropriate column.

	Very Effective	Moderately Effective	Not Effective
a. Lectures	☐	☐	☐
b. Film and/or slide presentation	☐	☐	☐
c. Community Resource People	☐	☐	☐
d. Interaction Groups	☐	☐	☐
e. Site Visitations	☐	☐	☐

2. With respect to the seminar how satisfied were you with:

	Very Satisfied	Moderately Satisfied	Not Satisfied
a. Leadership of the session	☐	☐	☐
b. Subject matter of the session	☐	☐	☐
c. Extent of your participation	☐	☐	☐
d. Was too theoretical	☐	☐	☐
e. Was too elementary	☐	☐	☐
f. Was pertinent to my needs and interests	☐	☐	☐

3. What topics should be:

a. added _____

b. dropped _____

4. What other program topics would be helpful to you?

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

D. SPEAKERS

How effective and valuable were the presentations of the speakers to you.

	Very Effective	Moderately Effective	Not Effective
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

Comments: _____

_____

_____

_____

_____

E. REACTION TO SEMINAR AS A WHOLE

1. Please indicate your reaction to the aspects of the seminar as a whole.

_____

_____

_____

2. Do you have any suggestions regarding the seminar?

_____

_____

_____

_____

3. Record your overall reaction to this seminar by placing an "x" at the appropriate point on the scale.